

Chamberlin (F. J.)

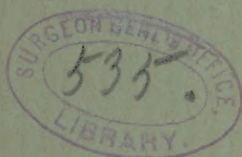
Hypertrophy of the Lingual Tonsil.

BY FRANK T. CHAMBERLIN,

WASHINGTON, D. C.

Prof. of Laryngology, Georgetown Medical College; Specialist to Georgetown University; Physician-in-Charge of Throat and Chest Service at Eastern Dispensary, etc., etc.

Reprinted from VIRGINIA MEDICAL MONTHLY, August, 1894.



Hypertrophy of the Lingual Tonsil.*

By F. T. CHAMBERLIN, M. D., of Washington, D. C.

Laryngologist to Eastern Dispensary, Etc.

Synonyms.—Hypertrophy of the lingual tonsil; hypertrophy or enlargement of the third tonsil; hæmorrhoids at base of tongue; varix, and also nævus, might be classed in some cases under this head.

The causes of this condition are varied. It is often found in subjects prone to constipation, to liver disturbances, to various dyspeptic conditions, hæmorrhoids or diseased conditions of the vessels elsewhere; in females with a previous history of menstrual disorders, and at or after the menopause, especially in those afflicted with a hairy growth about the face. Pregnancy may occasionally figure as a cause; in these cases it is usually associated with a reappearance of a previous chronic rhinitis with deflections and outgrowths from the septum, etc. It is also found in rheumatic dyscrasiæ, with or without previous hypertrophy of the parts above, such as the faucial or pharyngeal tonsil otherwise known as adenoids or hypertrophy of Luschka's tonsil.

*Read at a meeting of the Medical and Surgical Society of the District of Columbia, May 14th, 1894.



In males, oftener than in females, it is associated with an elongated and usually a hypertrophied uvula, with the anterior pillars and soft palate setting well out from post-pharyngeal wall in such a way as to bring the uvula well against the base of the tongue during movements of the mouth and in deglutition.

Lastly, but not least, the constant use of alcohol and tobacco, and certain trades that would expose this part of the throat to irritation; disease germs may colonize here, and produce this condition of hypertrophy.

Symptomatology.—The symptoms are as varied as the causes, and if occurring in connection with menstrual disturbances, they are usually of a nervous or hysterical character, such as sensations of a foreign body in throat, tickling, or tight grasping condition, as if a hand were holding the throat, or perhaps globus hystericus, or spasm, that may extend to the larynx, probably owing to the epiglottis becoming caught, or, as Cohen expresses it, “imprisoned by the hypertrophy.”

The above symptoms are apt to be worse during or about the time of the menstrual period.

If following a debauch, there may be a sense of fullness in the throat, as with a change of voice during conversation, as if mucus or something had suddenly filled up the part, giving a weak, muffled sound, when, from derangements of the intestinal tract or liver, the symptoms are aggravated at the time of the exacerbation. When a varix is present, there may be a taste of blood in the mouth, particularly in the morning on arising. If the vessels are large, with thin walls, a slight hemorrhage may occur after violent exercise, in which case the blood is usually dark in color, while the vessels, on examination with the mirror, show a fly-specked condition for quite an extent of their course, owing to spots of coagulum within. The image of the parts in the mirror presents varied appearances, and the position of the mirror depends somewhat upon the con-

struction of the pharynx. In accordance with this construction, the mirror should be held well up against the uvula, or moderately so, in order to get a good view of the part.

The image may show a unilateral or a bilateral hypertrophy, with or without varix, or with a condition of varix alone, or a plugging of the lacunæ by a white foetid ball like mass, which may be coughed up. This may give a decided odor to the breath similar to that which is known as lacunar tonsillitis.

This latter condition I should consider as being almost a separate disease, and, in consequence, as rightly entitled to a distinct name, as several of those claimed by the faucial tonsils.

As the condition is the same as that of the faucial tonsil, known as lacunar tonsillitis, I would suggest the name of "tonsillitis lacunæ linguæ."

When simply unilateral or bilateral, the image is one of enlargement of contour showing a more or less irregular or slightly adenoid appearance, usually depressed in centre if bilateral.

The color depends upon amount of plethora and of acute inflammation present.

When varix is present, the image shows vessels ranging in size to a small slate pencil, their size decreasing as they progress upward toward the anterior surface of tongue, their color ranging from a dark blue to a reddish tinge, as the smaller or more superficial ones are reached.

The pathology of this condition of hypertrophied tonsil is similar to that of the lymphoid structures of the other tonsils.

Treatment.—If chronic rhinitis, pharyngitis or hypertrophic disease of the other tonsils exist, proper treatment should be used to overcome the same. Attend to the etiological factors, such as menstrual disorders and others, as have been mentioned.

Thyroid enlargement should be attended to both by external and internal treatment.

When the epiglottis is engaged or imprisoned in the tonsil, causing symptoms such as were previously mentioned, and where the organ has taken on a hypertrophical condition, first treat the tonsil, and afterwards reduce the size of the epiglottis. Should it not return to normal with reduction of the tonsil, astringents are, as a rule, unsatisfactory, and are apt to act as stimulants to the growth.

Argentum nitratis, in 20 per cent. to 40 per cent. solution, may occasionally be indicated as well as cocaine or menthol. The latter, I believe, gives better results in the way of relieving irritation when used in the form of spray with fluid alboline. The solid stick is superficial in action, while the danger of its becoming detached from the probe and dropping into the parts below should deter us from using it. The acids, with chromic at the head, are apt to cause spasm of the glottis or excessive inflammation, to say nothing of the possibility of their spreading or dropping into the parts below. The cold snare, curette, or forceps may be used, but the treatment, par excellence, is with the electro-cautery, at a cherry heat, from three to six points being attacked at a time. In case varix exists, the application of the knife should be made as low down as possible, and transversely to the vessel.

When the knife is applied at white heat, hæmorrhage may occur and the blood drop into larynx, causing spasm, as happened in a case upon which I was operating about three weeks ago.

The faradic current might be suggested, although I have had no experience with it in these cases.

